

FOCUS ON SENIORS - A SURVEY

THE INCORPORATED VILLAGE OF SEA CLIFF

If you are 60 years old or over PLEASE HELP US SHAPE EFFECTIVE SERVICES AND PROGRAMS IN OUR COMMUNITY. Information collected in this survey is for the use of Sea Cliff Senior Outreach and Senior Action Committee. This is a self addressed mailer - just refold, tape and return it back to Village Hall. If you need help or have any concerns about this survey please call Karen Montagnese at 671-0080 x20.

Name _____ Phone# _____

Address _____ Cell# _____

Emergency contact # _____ Email address _____

With whom do you live? Self-Spouse-Parent-Child-Other, please specify _____

In an emergency, such as power failure, would you like to be contacted by Sea Cliff Village Outreach? Y/N

Do you have health concerns that would be affected by such an emergency situation, for example, medical equipment that may require power? Y/N Please specify _____

Do you drive? Y/N Do you require transportation to the doctor? Y/N or the grocery store Y/N

Do you have difficulty meeting needs? Circle all that apply: financial – nutritional – medical- other _____

Are you retired? Y/N Are you employed? Y/N

Do you volunteer in the community? Y/N Would you like to? Y/N

Are you a member of a church, temple or other religious community? Y/N Which one? _____

What are your hobbies/interests? Circle all that apply: art –music- games –reading- cooking- gardening- sewing/knitting- boating- exercise- dance- history- movies - travel - current events - computers - languages- woodworking- writing - other _____

Are you aware of the Sea Cliff Village programs or services in place for seniors? Y/N

Are you aware of Sea Cliff Senior Outreach? Y/N or the Senior Action Committee? Y/N

Have you made use of Sea Cliff Senior Outreach? Y/N or the Senior Action Committee? Y/N

Are you aware of the Mutual Concerns lunch on Tues. and Fri.? Y/N that transportation is available? Y/N

Have you attended? Y/N

Are you aware that Senior Action Committee runs a grocery bus on Wed.? Y/N Have you used the bus? Y/N

Are you aware that the Glen Cove Senior Center serves our Village? Y/N that transportation is available Y/N

Are you a member Y/N

How do you get your information in regard to programs offered to Seniors? Newspaper Y/N Which one _____ Village Bulletin Y/N Internet Y/N Word of mouth Y/N

Other _____

Are there programs or services that you would like to see established in the Village of Sea Cliff? Y/N

Please specify _____

Help us identify seniors who may be overlooked by providing contact information _____

Please provide any additional comments _____

Our Senior Survey is also available at Village Hall or on the web at www.seacliff-ny.gov

THANK YOU FOR YOUR PARTICIPATION- YOUR INPUT IS VALUABLE TO US